Kansas Department of Health and Environment
Epidemiology and Public Health Informatics

Shigellosis Report Form

INTERVIEW

EpiTrax # _____ Interviewer Name:_____

Number of Call Attempts:_____ Date of Interview (must enter MM/DD/YYYY): _____

Follow-up Status:
- ☐ Interviewed
- ☐ Refused Interview
- ☐ Lost to Follow-Up*

*At least three attempts at different times of the day should be made before the considered lost to follow-up.

Respondent was:
- ☐ Self
- ☐ Parent
- ☐ Spouse
- ☐ Other, *Specify:*_____

DEMOGRAPHICS

Birth Gender:
- ☐ Male
- ☐ Female

Date of Birth: _____

Age: _____

Hispanic/Latino Origin:
- ☐Yes
- ☐No
- ☐Unknown

How would you describe your race?
- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other_____
- ☐ Unknown

CLINICAL

Did you have any symptoms?
- ☐Yes
- ☐ No
- ☐ Unknown

If yes, turn to page 3 and record specific symptoms under Investigation.

What date did you start to have symptoms of illness? Onset Date:_____ Onset Time:_____

Date Diagnosed: _____

Calculate Shigella exposure time frame **4 day**s before onset

Do not read to patient; however, use the information to assess exposure.

Exposure period: _____

Did you recover?
- ☐ Yes
- ☐ No
- ☐ Unknown

Were you hospitalized?
- ☐ Yes
- ☐ No
- ☐ Unknown

If Yes, Recovery Date: _____ If Yes, Hospital Name:_____

Time Recovered:_____. Admit date: _____ Discharge Date: _____

Died?

☐Yes ☐No ☐Unknown

If Yes, Date of Death:_____

Are you pregnant?

☐Yes ☐No ☐Unknown

If Yes, Expected Delivery Date: _____

Did you receive antimicrobial medication for this illness? ☐Yes ☐ No ☐ Unknown

Medication Name	Date Started	Date Ended

Additional Clinical Notes:

_____

_____

EPIDEMIOLOGICAL

Occupation:_____

Check all that apply: ☐ Volunteer ☐ Unemployed ☐ Retired

Is this patient a:

Food handler?	☐ Yes ☐ No ☐ Unknown
Health care worker?	☐ Yes ☐ No ☐ Unknown
Group living?	☐ Yes ☐ No ☐ Unknown
Day care attendee?	☐ Yes ☐ No ☐ Unknown
Day care worker?	☐ Yes ☐ No ☐ Unknown
School attendee?	☐ Yes ☐ No ☐ Unknown
School employee?	☐ Yes ☐ No ☐ Unknown
Lab employee	☐ Yes ☐ No ☐ Unknown
Attend lab class at school?	☐ Yes ☐ No ☐ Unknown

If yes to any, list details for each:

Facility Name(s):	
Address(es):	
Phone Number(s):	

If Yes to any above, did you work or attend while ill? ☐ Yes ☐ No ☐ Unknown

If Yes, Dates Worked or Attended/Notes:_____

_____

_____

INVESTIGATION

A. Clinical Symptoms

Diarrhea?	☐Yes ☐ No ☐ Unknown	Onset date of diarrhea: _____ Maximum # of stools/24 hours _____ Was the diarrhea bloody? ☐ Yes ☐ No ☐ Unknown
Abdominal Cramps or Pain?	☐Yes ☐ No ☐ Unknown	
Vomiting?	☐Yes ☐ No ☐ Unknown	Onset date of vomiting: _____
Nausea?	☐Yes ☐ No ☐ Unknown	
Fever?	☐Yes ☐ No ☐ Unknown	If yes, highest measured temperature (°F) ____
Other Symptoms?	☐Yes ☐ No ☐ Unknown	If yes, specify: _____
Do you have an underlying immunodeficiency?	☐Yes ☐ No ☐ Unknown	If yes, specify: _____

B. General Exposure—Travel History

Did you travel outside of the USA in the 4 days prior to onset of illness? ☐ Yes ☐ No ☐ Unknown

Location traveled to (i.e., City/Country Resort Information) and Dates traveled:_____

_____

_____

Traveled outside of Kansas, but inside USA? ☐ Yes ☐ No ☐ Unknown

Location traveled to (i.e., City and State Hotel Information) and Dates traveled: _____

_____

_____

Traveled outside of county, but inside Kansas? ☐ Yes ☐ No ☐ Unknown

Cities traveled to in Kansas and Dates: _____

_____

C. General Exposure—Risk Factors

In the 4 day exposure period, did you attend any large gatherings or group events? ☐ Yes ☐ No ☐ Unknown

If yes, check all that apply: ☐ Party ☐ Family Reunion ☐ Wedding ☐ Funeral ☐ Conference ☐ Camp ☐ Work Party

Please provide event details:

_____

_____

Did you have contact with others with similar symptoms or diagnosed with shigellosis? ☐ Yes ☐ No ☐ Unknown

If yes, list contact, with relationship to case, age, onset date, and predominant symptoms. This information will be reported under "Contacts" in EpiTrax:

Contact Name	***Relationship***	***Age***	***Onset Date***	***Predominant Symptoms***

Were any contacts household members? ☐ Yes ☐ No ☐ Unknown

Were any of your contacts symptomatic in the 4 days before or after this patient's onset? ☐ Yes ☐ No ☐ Unknown

If yes, check all that apply:

☐ One or more contacts had onset > 24 hours **AFTER** patient's onset (primary = patient; secondary = contact)

☐ One or more contacts had onset **WITHIN** 24 hours of patient's onset (primary = patient & contact)

☐ One or more contacts had onset > 24 hours **BEFORE** patient's onset (primary = contact; secondary = patient)

☐ Unknown

Additional Notes:

_____

_____

D. General Exposure – Child Contact

Did you have contact with children who attended any of the following during the 4 day exposure period?

Daycare?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Phone Number: _____
Preschool?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Phone Number: _____
Elementary School?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Phone Number: _____
Camp?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Phone Number: _____

Other?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Phone Number: _____

Additional Notes:

_____

_____

_____

E. Food Source Exposure - Home

From what stores was the food that you ate in the home 4 days prior to illness purchased?

- Grocery Stores or Supermarkets? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
  Store Name: _____
  Location: _____
- Warehouse Stores such as Costco or Sam's Club? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
  Store Name: _____
  Location: _____
- Fish or Meat Specialty Shops (butcher's shop, etc.)? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
  Store Name: _____
  Location: _____
- Farmer's Markets, Roadside Markets, or food samples? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
  Store Name: _____
  Location: _____
- Any Other Sources of High Risk Food? ☐ Yes ☐ Maybe ☐ No ☐ Don't Know
  Store Name: _____
  Location: _____

Additional Notes on Food Source Exposure (Home):

_____

_____

_____

F. Food Exposure

In the 4 days before illness began did you:

- Consume other unpasteurized food? ☐ Yes ☐ No ☐ Unknown
- Consume any shellfish? ☐ Yes ☐ No ☐ Unknown

  ☐ Fully Cooked
  ☐ Undercooked
  ☐ Raw
  ☐ Unknown
- Consume other fish/seafood (ceviche)? ☐ Yes ☐ No ☐ Unknown

  ☐ Fully Cooked
  ☐ Undercooked
  ☐ Raw
  ☐ Unknown
- Consume any fresh produce? ☐ Yes ☐ No ☐ Unknown

  ☐ Pre-packaged leafy greens
  ☐ Unpackaged leafy greens
  ☐ Fresh herbs
  ☐ Melon
  ☐ Berries
  ☐ Sprouts
  ☐ Green Onions
  ☐ Other, _____

G. Water Exposure – Recreational Water

Did you swim or wade in any recreational water in the 4 days **before** onset of symptoms? ☐ Yes ☐ No ☐ Unknown

If yes to the above question, please provide additional information below:

Kiddie/Inflatable	☐ Yes ☐ No	Location/Date 1._____ 2._____ 3._____
Public/City pool	☐ Yes ☐ No	Location/Date 1._____ 2._____ 3._____
Hot tub/Spa/Jacuzzi	☐ Yes ☐ No	Location/Date 1._____ 2._____ 3._____

Water park	☐ Yes ☐ No	Location/Date 1._____ 2._____ 3._____
Splash pad/Park	☐ Yes ☐ No	Location/Date 1._____ 2._____ 3._____
Hotel/Motel pool or spa	☐ Yes ☐ No	Location/Date 1._____ 2._____ 3._____
Fountain/Interactive water feature	☐ Yes ☐ No	Location/Date 1._____ 2._____ 3._____
Irrigation/Canal water	☐ Yes ☐ No	Location/Date 1._____ 2._____ 3._____
Sprinklers	☐ Yes ☐ No	Location/Date 1._____ 2._____ 3._____
Any natural water (lake, river, reservoir, pond, stream, ocean or hot spring)	☐ Yes ☐ No	Location/Date 1._____ 2._____ 3._____
Other recreational water	☐ Yes ☐ No	Location/Date 1._____ 2._____ 3._____

H. Water Exposure – Untreated Water

Did you drink or accidentally ingest any untreated/unfiltered water? ☐ Yes ☐ No ☐ Unknown

If yes, please source(s) of untreated water, location(s) of untreated water and date(s) of exposure:

_____

_____

_____

_____

28-1-6 Enteric precautions shall be followed for duration of acute symptoms. Each infected person shall be excluded from food handling, patient care, and any occupation involving the care of young children and the elderly until two negative cultures are obtained at least 24 hours apart and no sooner than 48 hours following discontinuation of antibiotics.

Public Health Interventions (Check all that apply)

- ☐ Hygiene Education Provided
- ☐ Daycare Inspection
- ☐ Follow-up of other household member(s)
- ☐ Work or Daycare restriction for case
- ☐ Other

If other, specify: _____

That completes the interview, thank you for taking the time to answer all these questions. Your responses may be helpful in preventing others from becoming sick.

Additional notes: _____

_____

_____